Clinical Section

The Trials of Obesity

By

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Obesity is usually regarded as a subject for levity — ranking away down with the rapidly-drawn-away chair, cheese, and mothers-in-law in the scale of humour. The affliction is looked upon with tolerance because the fat man is popularly supposed to be a fellow of mild and disarming aspect, with a ready laugh and an easy conscience —as though his layer of adipose tissue conferred upon him an immunity toward evil thoughts or deeds. Washington Irving, paraphrasing those famous lines from Shakespeare, says: "Whoever hears of fat men heading a riot, or herding together in turbulent mobs? No, no—'tis your lean and hungry men who are continually worrying society and setting the whole community by the ears." Such silly generalizations on the humanizing effects of a thick layer of blubber, are harmless compared to the tendency to regard obesity as a subject for tolerant amusement. No medical man can afford to take a light-hearted view of one of the most serious and prevalent diseases of middle life. Those realistic students of human morbidity — the life insurance companies — have amply demonstrated the disastrous effects of obesity upon the mortality rates of other diseases, and numerous clinical studies tend to corroborate these findings. Insurance rates are usually computed not on age, but on weight in relation to height and age.

It has been shown recently that the incidence of essential hypertension, and coronary disease is much higher in overweight groups than in normal or underweight groups. In any type of cardiovascular disease, obesity is an exceedingly dangerous complication. The mechanical reasons for this are quite obvious — the added weight throws a severe strain on the heart and the increased bulk of fat greatly increases the extent of the vascular bed. Too many overweight business men make their first attempt to reduce following a coronary occlusion. In many cases angina of effort and dyspnoea are abolished by simple dietary restrictions.

Obesity also acts as a definite predisposing factor in certain diseases. Joslin[1] has long emphasized the relationship between obesity and diabetes. He found that 70-80 per cent. of all persons with diabetes gave a history of obesity, and in those in whom there was a latent diabetic tendency the development of obesity often precipitated the onset of glycosuria. Newburgh[2] has recently described a group of obese middle-aged patients with glycosuria and diminished sugar tolerance, whose tolerance returned to normal following weight reduction, and glycosuria was completely controlled. Newburgh believes that the abnormal accumulation of fat in the liver interferes with its capacity to lay down glycogen at the normally rapid rate. In the surgical field, it is a well known fact that the great majority of patients with gall bladder disease are overweight, and every surgeon is aware that the obese person is not only a poor surgical risk, but also is liable to post-operative hernias and pulmonary complications. Many orthopedic conditions are precipitated or aggravated by excess weight.

Reduction in weight then, is a valuable method of ameliorating the course of such diseases as essential hypertension and coronary sclerosis; and it may act as a prevention measure against diabetes mellitus and gall bladder disease.

The Etiology of Obesity

Careful metabolic and clinical studies have led such authorities as Evans[3] and Newburgh[4] to conclude that the vast majority of cases of obesity result from the intake of food in excess of the requirements for growth, repair, and the expenditure of energy. However, there are still many puzzling aspects to the problem. Undoubtedly in some cases there is a hereditary tendency to overweight which cannot be explained by environmental factors such as habitual gluttony within the family, etc. Wilder believes that the inherited factor may be an abnormal irritability of the centres in the diencephalon where feelings of hunger and satiety originate. Glandular deficiencies may also play a part. However, it cannot be denied that many persons become fat on an apparently restricted diet whereas others may gourmandize to their hearts content and remain thin as bean poles. Such vague terms as "lipophilia" are often used to explain this paradox. There is however some evidence to suggest that many obese individuals may have an abnormal capacity for the conversion of glucose into fat. This often leads to a relative hypoglycaemia, and chronic hunger, which results in a craving for carbohydrates which if satisfied leads further to an increased output of insulin and so a vicious circle is established. The possibility of such a mechanism must be kept in mind in the management of obesity—substituting the slowly absorbed carbohydrates and proteins in the diet for the more easily assimilated varieties.

Although the great majority of cases of obesity are of the "exogenous" variety, it cannot be denied that endogenous types usually due to endocrine disturbances also occur and brief mention must be made of these.

Thyroid Deficiency

Myxoedema is one of the most easily recognized and most frequently missed conditions in medical practice. The physical torpor induced by the lowered basal metabolic rate may predispose to obesity and the puffy accumulations of non pitting oedema may similate obesity, but by no means all cases of hypothyroidism are fat. It might be well to interpolate here that in most obese people the metabolism in relation to the increased surface is actually elevated and therefore thyroid medication is usually not indicated.

The gonadal types of obesity are seen in castrates and after the menopause. The fat tends to be deposited on the abdomen, hips and thighs.

Pituitary obesity is found in cases of Froehlich's syndrome, or the Lawrence-Moon-Biedl Syndrome accompanied by polydactylism and retinitis pigmentosa. It is also seen in Pituitary Basophilism associated with hirsuitism, amenorrhoea, and occasionally hypertension, diabetes and osteoporosis. The fat is deposited on the face, neck, interscapular region, breasts and abdomen. The fat pad on the back between the shoulders gives the patient a buffalo-like appearance and the pendulous abdomen is marked by bluish striae. A similar appearance is often seen in tumours of the adrenal cortex.

Dercum's disease, adiposis dolorosa, is a disease of unknown origin in which the fat is deposited as nodules which are painful. Mention may also be made of the rare condition known as Hyperostosis Frontalis Interna.

The treatment of obesity has fallen into popular disrepute chiefly because the public has been so liberally educated by the quacks, the faddists and "beauticians." The ladies are of course to blame because at every new edict of fashion the female facade or building line must be altered almost overnight. Away back in the overstuffed eighties —when feminine lure was computed in terms of gross tonnage—every charmer strived to look as though she had just stepped out of a canvas by Peter Paul Reubens—although in a less pink and more adequately clothed condition. On the other hand, in the twenties we had the flappers of the "pork chop and pineapple" school who attempted to evaporate themselves down to a mere wisp of inanition. Happily, at the moment they seem to favor a pleasant compromise between rotundity and emaciation, and the dietary racketeers have crawled back into the idiot fringe where they belong.

The rational treatment of obesity can never be achieved with stereotyped diet lists—it requires infinite patience and understanding. Whatever the incentive for reduction may be, whether therapeutic, prophylactic, or merely cosmetic, one must be prepared to deal with sly evasion, martyred resentment and open revolt. The fat person is prey to physical cravings and gastronomic habits that conspire to defeat the purpose of any reducing regime. They will smugly outline their usual diet in terms that would make Barmecide's guest appear a glutton—but one must pay no attention to these harmless prevarications.

In the treatment of diabetes no enlightened physician is content to provide his patient with a diet list and tell him to stick to it. He makes it clear that if the patient is to live, he must understand the nature of his disease, and to know enough about the rudiments of food values to be able to supervise his own diet. The same principles apply in obesity.

The essential features of the reducing diet can now be outlined.

(1) Calories must be restricted. The caloric value may be computed roughly by allowing 20 calories per kilo for the ideal weight for the patient's height and age, or they may be set at some low arbitrary level as 600 or 700.

(2) Protein must be adequate; that is, not below 1 gm per kilogram of ideal body weight. Higher protein—such as 90 gms are perhaps more logical because of the tendency of many fat people to convert excessive amounts of carbohydrate to fat, leading to hypoglycoemia and hunger. As 58% of excessive protein is converted slowly to glucose, a high protein diet will prevent the hypoglycaemic reaction. Ninety gms of protein can be provided by 1 or 2 eggs, 200 gms lean meat, cottage cheese, skim milk. The specific dynamic action of protein in increasing metabolism is of doubtful importance in obesity.

(3) Fat must be low. The object of the low calorie regime is to force the patient to metabolize his own stores of fat, so that the amount of fat in the diet should be minimal. Forty to fifty grams is a fair allowance.

(4) Carbohydrate should be moderate in amount.

(5) Bulk must be sufficient to satisfy hunger. This effect is obtained by advising the patient to eat all the so called 5 and 10% vegetables he desires.

(6) Adequate vitamines must be supplied. If the caloric value of the diet is very low, it is wise to give Vitamines A and D as cod liver oil concentrates or a capsule containing A, B and D. Vitamine C is supplied as orange juice.

As many obese persons show a disturbance of water balance it is well to restrict fluids, especially at mealtimes. The total intake should not exceed 1500 cc. Patients must be cautioned that alcoholic drinks contain 7 calories per gm. and that to attempt to drown the pangs of abstinence by taking two extra drinks before dinner is merely to defeat the whole object of treatment. A quart of whiskey contains the caloric needs of a laborer —2800 calories.

Of the auxiliary methods of treatment, exercise should be supervised according to the presence

or absence of cardiovascular and other complications. Walking and swimming are usually the best forms. Bedroom gymnastics are usually performed with a lackadaisical sense of martyrdom. Douthewaite[6] has outlined special exercises for the abdominal muscles which can be carried out while waiting for a bus, or sitting at a desk, without exciting comment.

Thyroid extract is seldom indicated in simple obesity and should be used only in difficult cases under strict medical supervision. Dinitrophenol is mentioned only to condemn it. The dangers attending its use far outweigh its advantages.

Recently Collip[7] and his associates have published evidence for believing that there is a new hormone found in the intermediate lobe of the pituitary which has a direct stimulating effect on heat production and basal metabolism without the intermediate activity of the thyroid. Results by Rabinowich[8] with this hormone in humans suggests that this substance may be of value in the treatment of certain cases of obesity and further details are awaited with interest.

In conclusion no regime for the control of obesity must aim at rapid weight reduction. One to three pounds per week is usually sufficient. Careful observation of patients on restricted diet is necessary particularly if some complicating disease is present.

BIBLIOGRAPHY

(1) Joslin: Treatment of Diabetes Mellitus, Leo and Febiger, Philadelphia, 6th ed. p. 62, 1937.
(2) Newburgh and Conn: J.A.M.A. 112, 7-11, Jan. 7, 1939.
(3) Evans: International Clinics 3, 135, 1933.
(4) Newburgh and Johnston: Ann. Int. Med. 3, 815-825, Feb., 1930; Jour. Clin. Investigations, 8, 197-213, Feb., 1930.
(5) Wilder: Internat. Clinics 1, 30-41, March, 1932.
(6) Douthwaite: British M.J. 2, 344-346, Aug. 15, 1936.
(7) Collip: West. U. Surg. 47, 1-3, Jan., 1939.
(8) Rabinowich: Canadian M.J. 40, 105-107, Feb., 1939.

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† *J. Am. Dietet. A. 10:29*

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MANITOBA MEDICAL ASSOCIATION

ANNUAL MEETING

September 19 - 20 - 21
Thursday, Friday, Saturday
Fort Garry Hotel, Winnipeg

Visiting Speakers

DR. DUNCAN GRAHAM, Toronto
President of C.M.A.
DR. WALTER SCRIVER, Montreal
DR. HAROLD WOOKEY, Toronto
DR. J. H. COUCH, Toronto

PROVISIONAL PROGRAMME

Registration

Thursday Morning, September 19th
at the Winnipeg General Hospital

Surgical Clinic.—Presentation of appropriate cases on the wards by members of the Surgical Staff, with discussions by the visiting speakers.

Tumor Clinic.—Presentation of suitable cases by members of the Hospital staff, with discussion by visiting speakers.

Luncheon at Winnipeg General Hospital.

Thursday Afternoon -- Fort Garry Hotel

SCIENTIFIC MEETING.

Preliminary Report on Pregnancy Survey, discussed under the headings of—
Sepsis – Toxemia – Haemorrhage – Abortion.

Inspection of Exhibits.

Thursday Evening -- Fort Garry Hotel

7 p.m.—DINNER. Amusement.

Short Address by the President of the Canadian Medical Association.

Business Meeting.

Thursday Evening -- Auditorium Concert Hall

PUBLIC MEETING.

8.30—Cancer and its Control.

Dr. Harold Wookey, Toronto, under the aegis of the Department of Cancer Control C.M.A.

The other speaker on some public health subject to be announced later.

These lectures should be of interest to every citizen. Wives of the members and their friends are urged to attend this meeting.

Friday Morning, September 20th
at the Winnipeg General Hospital

MEDICAL CLINIC.

Presentation of appropriate cases on the wards at that time, with discussion by visiting speakers.

Joint Luncheon with the Canadian Public Health Association, Fort Garry Hotel.

Afternoon meeting, Fort Garry Hotel, in conjunction with the Canadian Public Health Association.

Medical and Surgical Aspects of Peptic Ulcer.

Infant Hygiene in its various aspects.

Friday Evening -- Fort Garry Hotel

ANNUAL DINNER and DANCE.

The Manitoba Medical and Canadian Public Health Association join for this event.

Several brief announcements. No addresses.

Saturday Morning, September 21st
at St. Boniface Hospital -- noon

Presentation of Medical and Surgical cases of interest by members of the staff.

Luncheon, with illustrated talk on Recent Advances in Fractures, at St. Boniface Hospital.

Golf — Afternoon.

Farewell to Dr. Stephens

Eighty hosts from the honorary staff of the Winnipeg General Hospital, the Board of Trustees, and the City Council gave a banquet and presen-

tation to Dr. George F. Stephens on July 25th at the Royal Alexandra Hotel, Winnipeg. Dr. Fahrni, the chairman, praised the faithful and successful service of Dr. Stephens in the hospital for the past 21 years and said that Winnipeg was grieved at his departure but proud that his worth had found recognition in his appointment as superintendent of the Royal Victoria Hospital in Montreal.

Dr. Ross Mitchell delivered a witty history of the guest of honor and was followed by Dr. W. E. Campbell, president of the Manitoba Medical Association, who took occasion to chide the City Council for granting only $20,000 a year to the hospital, when the hospital incurred an expenditure of $100,000 on behalf of the poor of Winnipeg annually. Acting Mayor Paul Bardal conveyed the good wishes of City Council to Dr. Stephens. Speaking for the Board of Trustees, Mr. H. E. Sellers praised Dr. Stephens' tactful common sense and said that this was another example of one of our talented citizens answering the call of the East. He closed with a reference to band music in the rain, and made the presentation of a bronze buffalo writing stand mounted on a base of Manitoba marble.

Dr. Stephens delivered a graceful reply, referring to his own labors and those of his predecessors. He said that in his time 250,000 in-patients had passed through the hospital, and that 1,400 nurses and many hundreds of internes had graduated. Unwilling to end the banquet on an emotional note, he requested Dr. William Gardner to tell a story.

Dr. Gardner obliged with a fable in French Canadian dialect humorously describing Dr. Stephens' plight in the super luxury of a Montreal department store.

OBITUARY

DR. ALEXANDER J. DOUGLAS

Dr. Alexander J. Douglas, medical health officer of Winnipeg for forty years, died in the Winnipeg General Hospital on June 30th in his 67th year.

It is given to few men to render such long and distinguished service to a community. He became Winnipeg's first full-time medical health officer at the age of 26, but from the first his authority in matters of public health was recognized and throughout his tenure of office he continued to carry through reforms. When he took up his work in 1900 typhoid fever was rampant, outbreaks of smallpox had been numerous, and there was sore need of pure water and safe milk supply. During his regime an ample supply of pure water was brought in from Shoal Lake in the Lake of the Woods region some hundred miles distant. Pasteurization of milk was urged and rigid inspection of dairies supplying the City was carried out. The danger of flies as carriers of disease was brought to the notice of citizens and the effect of these measures was to make typhoid fever a rarity. Free vaccination for children, diphtheria immunization clinics, public milk depots, and the provision of a city health nursing service reduced infant mortality by two-thirds.

He was born at Ekfrid, Ontario, and was graduated in Medicine from Manitoba Medical College. After a year as interne in the Winnipeg General Hospital he took post-graduate work in London. He was a Fellow of the American Public Health Association and one of its Vice-Presidents, Fellow of the Royal Sanitary Institution of England, and Past President of the Canadian Public Health Association. In recognition of his work the University of Manitoba granted him the Honorary LL.D. degree in 1937.

Few men have accomplished so much with so little fuss. His office remained at the end of his career as at the beginning in the basement of the City Hall, where his bicycle and old straw hats were stored. Any success of the Health Department he attributed to the activity of his staff. He had a rare gift of friendship and his stories of old days in Winnipeg have become a legend in the Manitoba Club. A great reader on many subjects, he was an authority on Lincoln and the American Civil War.

Less than a month ago he was present at a meeting of the Medical Faculty Council where he and four other recently retired members were presented with bronze plaques as memorials of their long and honorable service on the Faculty.

DR. CHARLES J. JAMIESON

One of the grand old doctors of Winnipeg, Dr. Charles J. Jamieson, died at his residence in Winnipeg on June 27th at the age of 86.

When he came to Winnipeg in 1882 there were only 15 doctors to serve a population of 15,000 in the booming western town. He had graduated three years before in medicine from McGill, and practiced as physician at a lumber camp near Ottawa before coming to Winnipeg, where for more than forty years he served the community as a general practitioner. Besides medicine, the great interests of his life were curling and politics. He was President of the Thistle Curling Club, President of the Manitoba Curling Association, and an honorary life member of the Thistle Curling Club, the Manitoba Curling Association and the Granite Curling Club. He took an active part in curling until he was more than eighty years of age, and for years before that had never missed a bonspiel. For several years he was President of the Winnipeg Liberal Association and active in the provincial organization of the Liberal party.

He was born in Ottawa on January 9th, 1854, and was educated at Ottawa, Woodstock and McGill University, Montreal.

He is survived by his widow, a daughter and two sons, one of whom is Dr. F. J. Jamieson of Carman; a son, Capt. F. W. Jamieson, D.S.O., was killed overseas on the last day of the Great War. He will be long kindly remembered for his genialty and his warm interest in life.

Personal Notes and Social News

Conducted by Gerda Fremming, M.D.

Dr. H. D. Kitchen and family are holidaying in the Lake of the Woods district.

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Winners of the July 10th tournament were as follows: (1) Dr. H. Goyot, (2) Dr. H. L. Howden, (3) Dr. G. W. Fletcher.

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Dr. H. G. Grieve has been appointed to be in charge of medical boards for M.D. 10. He was formerly attached to the medical board of the Royal Canadian Air Force recruiting centre.

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Dr. A. L. Paine of the Manitoba Sanitarium, Ninette, Man., won the annual reward of $250.00 presented by the Canadian Tuberculosis Association for an essay on tuberculosis investigation.

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Dr. and Mrs. J. D. McQueen are vacationing for a few weeks and are guests at Minaki Lodge, Minaki, Ont.

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Dr. Brian Desmond Best, of Winnipeg, son of Dr. and Mrs. R. M. Best, of Killarney, Man., was united in marriage June 29th to Jean Margaret, only daughter of Mr. and Mrs. Herman G. Prior, of Portage la Prairie, Man. Dr. and Mrs. Best left by motor for Southern parts after the wedding.

♡ ♡ ♡

Dr. J. S. Stewart who for 28 years had served Oak River, Man., and district as its physician, is retiring, and in the future will make his home in Newdale, Man. About 200 men representing the town and district gathered in the municipal hall and presented Dr. Stewart with a substantial gift and an address in which they expressed their love, esteem and good wishes for the future of their honored guest.

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Dr. H. H. Hutcheson and family, of Neepawa, Man., took a holiday trip to Jasper and other points in the Rocky region.

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Dr. and Mrs. W. F. O'Neill, of Pilot Mound, Man., are receiving congratulations on the birth of a son, July 13th, at the Winnipeg General Hospital.

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Dr. and Mrs. J. R. Martin, of Neepawa, Man., visited their son, Jack, who is a house surgeon in the hospital at Fergus Falls, Minn.

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Dr. W. W. Musgrove has returned from a holiday spent in Toronto and other eastern points.

Dr. Helen Mary Lousley, daughter of Rev. and Mrs. J. A. Lousley, of Toronto, Ont., was married July 19th to Mr. Alexander T. Cairncross, of Long Branch, Ont. Following her graduation in 1934, Dr. Lousley spent several years in China with the United Church Mission.

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Dr. and Mrs. L. A. Pauls are receiving congratulations on the birth of a son (Brian Arnold). Mrs. Pauls was the former Miss Ruth Torgan.

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The Association extends its deepest sympathy to Dr. Andrew P. McKinnon on the loss of his wife, who died suddenly July 20th.

♡ ♡ ♡

Dr. and Mrs. Murray Campbell (nee Edith Beatty), of Selkirk, Man., are receiving congratulations on the birth of a son (David Bruce), July 21st at Winnipeg General Hospital.

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Dr. William Kenneth Massey, of Ashcroft, B.C., son of Mr. and Mrs. H. L. Massey, of Saskatoon, Sask., was united in marriage July 20th to Corinne Kearfoot, daughter of Mr. H. H. Saunderson, of Winnipeg.

♡ ♡ ♡

Dr. N. W. Warner is touring Eastern Canada for the month of July. While there he will renew old acquaintances in Toronto and other familiar places.

♡ ♡ ♡

Dr. John A. Gunn has been appointed chief medical officer for the Manitoba district of the Canadian Pacific Railway, succeeding Dr. A. W. Moody who has retired after 26 years of service.

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Dr. S. G. Herbert and family have returned from a two week motor trip to the Canadian Rockies. Banff and Jasper were their principal points of interest.

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A draft of water makes the usual variety of pill sinking comparatively easy, but it will require more than aqua pura and a single effort to sink the old golf pill into the eighteen metal gullets on the tricky greens of the beautiful Pine Ridge Golf course on Wednesday, August 21st, when the Winnipeg Medical Golf Association hold their next monthly tournament. It is suggested that all members arrange a twosome or a foursome now and be all set to tee off between 1.00 and 2.00 o'clock and make this tournament the best yet.

CANADIAN PUBLIC HEALTH ASSOCIATION

Twenty-Ninth Annual Meeting

in conjunction with the Annual Meeting of the

MANITOBA MEDICAL ASSOCIATION

Fort Garry Hotel, Winnipeg

September 19-20-21

On the occasion of the last annual meeting of the Canadian Public Health Association, held in Toronto in June, 1939, a special invitation was extended to the Association to meet in the City of Winnipeg this year. The development of plans whereby members of the medical profession throughout Manitoba might conveniently attend the sessions of the Association has resulted in the holding of the meetings of the Manitoba Medical Association and the Canadian Public Health Association in Winnipeg on September 19th, 20th and 21st in the Fort Garry Hotel. There will be two joint sessions, on Thursday and Friday afternoons, with sessions of the Canadian Public Health Association on Thursday, Friday and Saturday mornings. The local committee on arrangements have provided that the two associations will hold their annual dinner and also a luncheon jointly.

It is being increasingly recognized that the practitioner today is vitally concerned with the practice of preventive medicine. There can be no arbitrary separation of preventive and curative medicine. The Canadian Public Health Association is a professional society of medical officers of health, public health nurses, and other professionally trained persons engaged in public health work. The papers to be presented are of interest to every practitioner and concern everyday problems. A unique opportunity is therefore presented to the members of the Manitoba Medical Association to discuss with leaders in the public health field from all parts of Canada the important developments in the practice of preventive medicine.

No problem has presented greater difficulties in its solution than that of maternal mortality. The physicians of Manitoba were among the first to co-operate in a provincial study of this subject. The results of this co-operative undertaking with the Department of Health and Public Welfare, as well as the highly significant findings of the study which has been conducted of all births in the province, will be summarized and their significance discussed at a joint session on Thursday afternoon. There will be a second joint session of the two associations to consider the subject of child hygiene. Papers will be presented by leaders in the public health field and by members of the practising profession.

One of the three sessions of the Canadian Public Health Association, which are being held on Thursday, Friday and Saturday mornings, will be devoted to the subject of safe milk. The Canadian Public Health Association has given leadership throughout Canada in the campaign for safeguarding public milk supplies. The chairman of the Association's Committee on Milk Control is Dr. E. W. McHenry, of the School of Hygiene, University of Toronto, whose work in nutrition is so well known. In addition to Dr. McHenry, among those invited to contribute papers to this symposium on safe milk are Dr. C. E. Dolman, Director of the Division of Laboratories of the Provincial Board of Health of British Columbia, and Director of the Western Division of the Connaught Laboratories; Dr. J. S. Fulton, Director of the Animal Diseases Research Laboratory in the University of Saskatchewan; and Dr. A. E. Berry, Director of the Division of Sanitary Engineering, Department of Health of Ontario.

The problem of venereal diseases will receive particular attention. Important changes have been made recently in the legislation in Ontario and in several other provinces. Dr. Donald H. Williams, Director of Venereal Disease Control in British Columbia, will outline the results of a campaign to control prostitution. Advances in treatment will also be included in this discussion. The progress of cancer-control efforts in various provinces will be reviewed, with particular reference to the developments in the Province of Ontario, to be outlined by Dr. A. H. Sellers of the Department of Health of Ontario. Dr. Stewart Murray, Senior Medical Health Officer of the Metropolitan Health Committee of Greater Vancouver, will discuss the development of the program in mental hygiene and improvements in the school health program. To those in Eastern Canada the progress in tuberculosis control made in the Western Provinces is a subject of the greatest interest; two papers dealing with advances in treatment and control will be features of the program. Dr. G. F. Amyot, Provincial Health Officer of British Columbia, has been invited to discuss some of the trends in public health administration as he has observed them in the United States and Canada. The control of typhoid carriers will be the subject of a paper by Dr. H. A. Ansley, of the Department of Health of Ontario. Dr. Gordon Bates, General Director of the Health League of Canada, will be among the speakers and it is expected that Dr. G. M. Little, Medical Officer of Edmonton, Dr. G. R. Walton, Medical Officer of Health of Regina, Dr. W. H. Hill, Medical Officer of Calgary, and Dr. Arthur Wilson, Medical Officer of Health of Saskatoon, as well as a number of leaders in Manitoba, will be contributors to the program, which will be published in its final form in the September issue of this journal.

The President of the Canadian Public Health Association is Dr. R. O. Davison, Deputy Minister of Public Health of Saskatchewan. A feature of the joint annual dinner will be the presentation of honorary life membership in the Canadian Public Health Association to the Hon. E. W. Montgomery, M.D., formerly Minister of Health and Public Welfare of Manitoba, and a past president of the Association; and to the Hon. J. M. Uhrich, M.D., Minister of Public Health of Saskatchewan, who is Honorary President of

the Association this year. Dr. Montgomery and the Hon. Dr. Uhrich are known throughout Canada for their many years of service in the cause of public health and in the advancement of medicine.

To the members of the Manitoba Medical Association the Canadian Public Health Association extends a most cordial welcome. There will be no registration fee for members of the Manitoba Medical Association in connection with the meetings of the Canadian Public Health Association.

Department of Health and Public Welfare

COMMUNICABLE DISEASE REPORT

May 21st - June 17th

Measles: Total 1,039—Brandon 374, Winnipeg 143, North Norfolk 42, Kildonan East 39, St. Vital 35, Unorganized 32, St. Boniface 26, Thompson 23, Franklin 18, St. Andrews 11, Hanover 9, St. James 7, Woodlands 6, Transcona 6, Bifrost 6, Kildonan West 5, Brooklands 5, Strathclair 4, Selkirk 4, Brenda 4, Whitehead 3, Rhineland 3, Ochre River 3, Oakland 3, Dufferin 2, Fort Garry 2, Minnedosa 2, Stonewall 2, St. Clements 2, Tuxedo 2, Westbourne 2, Blanchard 1, Carman 1, Daly 1, Dauphin Town 1, De Salaberry 1, Edward 1, McCreary 1, Montcalm 1, Morris Town 1, Napinka 1, Neepawa 1, South Norfolk 1, Portage City 1, Ritchot 1, St. Francois Xavier 1, Sifton 1 (Late Reported: Unorganized Territory 132, Franklin 20, Brandon 17, Westbourne 6, St. Francois Xavier 6, St. Boniface 3, Brooklands 3, Kildonan West 3, Transcona 2, Woodlands 2, Roland 1, Hanover 1, St. Vital 1, Tuxedo 1).

Chickenpox: Total 192—Winnipeg 153, The Pas 14, St. Boniface 11, Rivers Town 4, Daly 3, Kildonan West 2, Transcona 2, St. Vital 1, Unorganized Territory 1 (Late Reported: St. Vital 1).

Whooping Cough: Total 161—Winnipeg 42, St. Boniface 31, Melita 19, Arthur 11, St. Vital 8, Fort Garry 5, Boissevain 3, Brandon 3, Unorganized Territory 3, North Norfolk 2, Whitehead 1, Franklin 1 (Late Reported: Unorganized Territory 14, Brandon 4, Langford 3, Portage City 2, Arthur 2, Melita 2, Gimli Village 1, Grandview Rural 1, Rossburn 1, De Salaberry 1, Stanley 1).

Scarlet Fever: Total 57—Winnipeg 30, Harrison 5, Tuxedo 5, Brandon 3, Morris Rural 3, The Pas 2, Cornwallis 2, De Salaberry 1, Ethelbert 1, St. Andrews 1, St. Boniface 1, Springfield 1, Strathclair 1 (Late Reported: Gilbert Plains Rural 1).

Tuberculosis: Total 36—Winnipeg 8, Unorganized 4, St. Boniface 3, Brokenhead 1, Coldwell 1, Cypress South 1, Daly 1, Fort Garry 1, Gilbert Plains Rural 1, Grandview Town 1, Kildonan Old 1, Lorne 1, Portage City 1, Rhineland 1, Rockwood 1, St. Clements 1, St. James 1, St. Vital 1, Saskatchewan 1, Springfield 1, Victoria 1, Virden 1, Whitemouth 1, Westbourne 1.

Mumps: Total 31—Winnipeg 20, St. Boniface 4, Miniota 3, Kildonan East 3, Unorganized 1.

Influenza: Total 19—(Late Reported: Brandon 4, Rosedale 2, Turtle Mountain 2, Shell River 1, Albert 1, Bifrost 1, Harrison 1, Pembina 1, Portage City 1, Rhineland 1, St. Boniface 1, Ste. Rose Rural 1, Stanley 1, Morris Rural 1.

Pneumonia Lobar: Total 14—Ste. Rose du Lac Village 4, Ste. Rose du Lac Rural 2, Unorganized 2, Rosedale 1 (Late Reported: Cartier 1, Fort Garry 1, Hartney 1, Oakland 1, St. James 1).

Diphtheria: Total 10—Winnipeg 7, Hanover 1, Springfield 1, Unorganized Territory 1.

Erysipelas: Total 9—Winnipeg 5, Brooklands 1, De Salaberry 1, Rockwood 1, St. Boniface 1.

Anterior Poliomyelitis: Total 2—Winnipeg 2.

Encephalitis: Total 2—Brandon 1, Lansdowne 1.

Typhoid Fever: Total 2—Rosedale 1, Winnipeg 1.

German Measles: Total 2 (Late Reported: Brandon 1, Ochre River 1).

Diphtheria Carriers: Total 3—Hanover 1, Ste. Anne 1, Winnipeg 1.

Septic Sore Throat: Total 1—Brandon 1.

Puerperal Fever: Total 1—Unorganized Territory 1.

Treaty Indian Cases: Diphtheria 2, Influenza 2, Measles 8, Pneumonia Lobar 2, Tuberculosis 4.

Venereal Disease: Total 115—Gonorrhoea 85, Syphilis 30.

DEATHS FROM ALL CAUSES IN MANITOBA
For the Month of May, 1940

RURAL—Cancer 31, Tuberculosis 15, Pneuomonia (other forms) 9, Pneumonia Lobar 8, Influenza 4, Whooping Cough 3, Lethargic Encephalitis 2, Measles 2, Syphilis 2, Diphtheria 1, Dysentery 1, Poliomyelitis 1, Puerperal Septicaemia 1, Scarlet Fever 1, all others under one year 25, all others over one year 160, Stillbirths 19. Total 285.

URBAN—Cancer 49, Tuberculosis 7, Pneumonia Lobar 6, Pneumonia (other forms) 6, Puerperal Septicaemia 2, Influenza 2, Typhoid Fever 1, all others under one year 19, all others over one year 177, Stillbirths 13. Total 282.

INDIANS—Tuberculosis 16, Pneumonia 2, Diphtheria 1, all others under one year 3, all others over one year 2, Stillbirths 1. Total 25.

"When a patient complains of his heart, think of his stomach; when he complains of his stomach, think of his heart."—*Lindsay.*